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#### JAB 1498-PCT-USA **Attorney Docket Number DECLARATION FOR UTILITY OR** Frans E. Janssens **First Named Inventor** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date □ Declaration Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) **Examiner Name**

As a below named inventor, I nereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
RESPIRATORY	SYNCYTIAL	VIRUS REPLICAT	ION INF	HIBITORS							
the specification of which											
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l acknowledge the duty to o	amended by any amendment specifically referred to above.  acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's ertificate, or 365(a) of any PCT international application which designated at least one country other than the United States of merica, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, r of any PCT international application having a filing date before that of the application on which priority is claimed.											
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[Page 1 of 4]
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### **DECLARATION** — Utility or Design Patent Application

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#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for th	is unsig	ned in	ventor	
Given Na	me (first and middle [if any]	)		Family Name or Surname							
Kathlee	n Petrus Marie-José			Meersman							
Inventor's Signature			_				Date	,			
Residence: City	Wechelderzande	Country Belgium Citizenship Be					Belgium				
Post Office Address	Janssen Pharmace	eutica N	l.V., Tı	urnho	outsewe	eg 30					
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François	s Maria				Som	men					
Inventor's Signature							Da	ite			
Residence: City	Wortel	State			Country	Belgium		Citize	nship_	Belgium	
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Jérôme	e Emile Georges	2_		G	iuillemo	ent					
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Residence: City	Ande	State		Country France Citizenship France					France		
Post Office Address	Janssen Cilag S.A., 1, rue Camille Desmoulins, TSA 91003										
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### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4\_ of 4\_

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Inventor's Signature	a face	ion	<b>—</b>				Date	(	diso	
Residence: City	Le Mesnil-Esnard	State			Country France Citizenship Fran					France
Post Office Address	Janssen Cilag S.	A., 1, ru	e Can	nille C	Desmou	ılins, TSA 9	1003			
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As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
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Andrea L. Colby 30,194 Mary A. Appollina 34,087												
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.												
Direct all correspondence to: Customer Number or Bar Code Label  OR X Correspondence address below												
Name	Name Philip S. Johnson											
Address	John	son & John	son	_								
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Residence: City	Wechelderzande	State			Country	Belgium	-1	Citize	nship	Belgium	
Post Office Address	Janssen Pharmaceutica N.V., Turnhoutseweg 30										
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Name of Addition	Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
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Residence: City	Wortel	State			Country	Belgium	E)	Citiz	zenship	Belgium	
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Inventor's Signature								, ,	Date		
Residence: City	Ande	State			Country	France	RA	Citiz	zenship	France	
Post Office Address	Janssen Cilag S.A., 1, rue Camille Desmoulins, TSA 91003										
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#### **DECLARATION**

#### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 4\_ of 4\_

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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])				Family Name or Sumame						
Jean Fernand Armand				Lacrampe						
Inventor's Signature				Date	н					
	Le Mesnil-Esnard	State		Country	France 7	RX	Citizens	hip	France	
Post Office Address	Janssen Cilag S.A., 1, rue Camille Desmoulins, TSA 91003									
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Koenraad Jozef Lodewijk Marcel Andries										
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